

# Small Business Jump Start Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Education: \_\_\_\_ High School • \_\_\_\_ College • \_\_\_\_ Technical School • \_\_\_\_ Advanced Degree

How did you hear about this program? \_\_\_\_\_

\_\_\_\_\_

## BUSINESS INFORMATION:

1. Are you • starting • or • expanding a business [circle one]

2. What is your business or business concept? \_\_\_\_\_

\_\_\_\_\_

3. Please describe your business/business concept:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Continued** 

BUSINESS INFORMATION (for expanding businesses only)

4. Do you have a business license? ☐ Yes ☐ No
5. Right now, do you work full-time or part-time on your business?
- ☐ Full-time ☐ Part-time

FOR START-UP BUSINESSES

6. Are you currently working another job? ☐ Yes ☐ No

BUSINESS TRAINING

7. Have you had any previous business training other than school/college?
- ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Registering does not guarantee program placement in Small Business Jump Start.  
Anyone not selected can register for the next session.

**Please return completed form, along with a check made payable to "City of Franklin," to:**

**City of Franklin • ATTN: Ronnie Beith  
430 - 13<sup>th</sup> Street, Franklin, PA 16323  
email: rbeith@franklinpa.gov**

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